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Bib Data Sheet

CONFIRMATION NO. 1523

SERIAL NUMBER 10/069,282	FILING OR 371(c) DATE 02/25/2002 RULE	CLASS 514	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. KAIHO=3
APPLICANTS Shin-ichi Kaiho, Shizuoka, JAPAN; Iwao Ohizumi, Shizuoka, JAPAN; Kunio Tamura, Shizuoka, JAPAN; Nobuaki Kato, Shizuoka, JAPAN; Takaaki Yoneya, Shizuoka, JAPAN; Kazutaka Tachibana, Shizuoka, JAPAN;				
** CONTINUING DATA ***** This application is a 371 of PCT/JP00/05636 08/23/2000				
** FOREIGN APPLICATIONS ***** JAPAN 11274956 08/23/1999 JAPAN 113338334 10/22/1999 JAPAN 2002237721 06/30/2000 JAPAN 2000219800 07/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING	TOTAL CLAIMS 27
INDEPENDENT CLAIMS 2				
ADDRESS 001444				
TITLE Antiandrogenic agents				
FILING FEE RECEIVED 2538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 10/069,282	FILING DATE 02/25/2002 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. KAIHO=3	
APPLICANTS Shin-ichi Kaiho, Shizuoka, JAPAN; Iwao Ohizumi, Shizuoka, JAPAN; Kunio Tamura, Shizuoka, JAPAN; Nobuaki Kato, Shizuoka, JAPAN; Takaaki Yoneya, Shizuoka, JAPAN; Kazutaka Tachibana, Shizuoka, JAPAN;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/05636 08/23/2000					
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input checked="" type="checkbox"/> Allowance		STATE OR COUNTRY JAPAN	SHEETS DRAWING	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature <u>Y B</u> Initials					
ADDRESS 00144					
TITLE Antiandrogenic agents					
FILING FEE RECEIVED 2538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		